

Ashgrove Residential Care Home Ltd

Ashgrove Residential Care Home

Inspection report

64-66
Billet Lane
Hornchurch
RM11 1XA

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12 October 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Ashgrove Residential Home is a residential care home providing accommodation and personal care to 18 people, at the time of the inspection. The service is a two-floor building. Each floor has separate adapted facilities.

People's experience of using this service:

Risk assessments were not completed for people with certain health conditions to ensure they were safe at all times. Robust systems were not in place to prevent and minimise the spread of infections.

Staff had not completed essential training to perform their roles effectively. People were not supported to have maximum choice and control of their lives and were not being supported in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Robust oral healthcare plans were not in place. We made a recommendation in this area.

Quality assurance systems were not robust to identify the shortfalls we found during the inspection. There were no systems in place for quality monitoring to ensure feedback was sought from people about the home.

People received person centred care. Care plans had been reviewed regularly to ensure they were accurate. People participated in group activities. However, people's preferences with activities were not being recorded. Systems were not in place for one to one interaction between people and staff to ensure continued stimulation and social well-being. Some people's dignity was not being preserved as commodes in some people's rooms were not being stored away appropriately.

Medicines were being managed safely. Pre-employment checks had been carried out to ensure staff were suitable to support people. People told us they felt safe at the home and staff were aware of how to safeguard people from abuse. There were appropriate numbers of staff to support people when required.

People had choices during mealtimes and had access to healthcare services. Systems were in place to manage complaints and people's communications needs were being met.

People received care from staff who were caring and had a good relationship with them. People were encouraged to be independent and to carry out tasks without support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 November 2020 and this was the first inspection under the provider's new registration.

The service was rated Require Improvement under the provider's previous registration (published 12 April 2019) and there were breaches of regulation. We served a Warning Notice to the provider. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We carried out a focused inspection (published 5 November 2019) and found improvements had been made and the previous provider was compliant with the warning notice. However, we did not change their rating.

Why we inspected

The inspection was prompted in part due to concerns received about medicines management, infection control systems and leadership in the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk assessments, infection control, need for consent, training, staff support and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Ashgrove Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, a CQC pharmacist specialist and an expert by experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashgrove Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager. Registered managers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed relevant information that we had about the service. We looked at notifications that we received about the home. We also contacted professionals involved with the service for information. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people, the provider, the registered manager, the deputy manager, five staff and a health professional. We reviewed six care plans, which included risk assessments, and four staff files, which included pre-employment checks. We looked at other documents such as medicine and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at supervision records and policies. We also spoke to two people and seven relatives by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This is the first inspection for the home under the new registration. This key question has been rated Requires Improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were not being met.

Assessing risk, safety monitoring and management

- There was a lack of risk assessments in place to ensure people were safe at all times.
- We saw some people had comprehensive risk assessments in place such as on their current circumstances and health conditions. This also included measures to minimise risks. However this was not consistent, as for some people there was a lack of robust risk assessments in place to mitigate identified risks.
- People with current and previous medical conditions such as diabetes, vertigo and cancer lacked robust risk assessments, which did not include the signs and symptoms of these conditions and what actions staff should take if they occurred.
- Another person's falls risk scoring tool outlined they were at low risk of falls and had no history of falls. However, records showed the person had a fall within the last 12 months and this was not taken into account when determining or reviewing their risk levels. This may place them at high risk of further falls and therefore needing a falls risk assessment.
- Risk assessments had not been completed for people that may be vulnerable to the risks associated with COVID-19 due to their health conditions.
- This meant that there was a risk that people may be exposed to harm as risks to some people were not mitigated.

Preventing and controlling infection

- Robust systems were not in place to reduce the risk and spread of infection.
- We were not assured that the provider was using PPE effectively and safely. We found some PPE (personal protective equipment) such as gloves and aprons were left out in the open near the entrance. Therefore, there was a risk PPE may be exposed to harmful bacteria and germs. The registered manager told us that they would ensure PPE was stored and sealed to prevent harmful exposure.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed the floor to the downstairs bathroom and hallways was ingrained with dirt and there were also dirt ingrained near the skirting area. We also observed that curtains in some people's rooms had stains on them and some parts of the laundry area was dusty. The registered manager confirmed after the inspection that these areas had been cleaned.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed to protect people, staff and visitors. We found that a member of staff was working in another care home and relevant measures or risk assessments were not in place to minimise the risk of infection outbreaks.

We found no evidence that people had been harmed however, the above issues show the home failed to provide the proper and safe management of risks and failed to ensure they were following robust infection control processes to minimise risks of infection outbreaks. The issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Premises safety checks had been carried out to ensure the service was safe. Checks had been completed on electric, gas, fire safety and portable appliance by qualified professionals.
- The home was part of the COVID-19 testing programme for both staff and people. This meant staff and people were tested regularly to check their COVID-19 status. In addition, temperature checks were also completed for staff and people to ensure they were in good health.
- Visitors were also required to complete a declaration form and their temperature checked to ensure they were well to enter the home.

Using medicines safely

- Medicines were being managed safely. We saw evidence that people received their medicines as prescribed, including those to be given when required (known as PRN medicines). There were PRN protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.
- There were safe systems in place for ensuring the accuracy of information relating to medicines use and monitoring. We saw communication with people's GPs concerning medicines reviews and the need for some people to be provided with a face to face appointment, as well as clarifications from NHS Trust following hospital discharges.
- Medicines related incidents were recorded and dealt with in an appropriate and timely manner.
- Peoples' care plan did not always have a medicines risk assessment; however, there was a general protocol for people taking high risk medicines, such as blood thinning medicines and the action for staff to take in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- People and relatives told us people were safe. A relative told us, "Yes, very much so. Very well looked after, I have never had any concerns about safety." A person told us, "Yes, I am safe here."
- Staff told us that people were safe. A staff member told us, "Residents are safe, I have no concerns."
- Staff understood their responsibilities to protect people's safety and were aware of what abuse was and who to report abuse to, internally and externally, such as the management team or CQC.

Staffing and recruitment

- Pre-employment checks such as criminal record checks, references and ID checks were carried out before employing staff.
- There were appropriate numbers of staff to support people safely. Staff had a positive approach to supporting people and we observed staff responded to people's needs in a timely manner when required.
- We checked the staff rota and found that there were appropriate numbers of staff on duty to support people. We observed call bells were answered promptly.

Learning lessons when things go wrong

- There was a system to learn lessons following incidents.
- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.



Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for the home under the new registration. This key question has been rated Requires Improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff had not been supported and trained in essential areas to perform their role effectively.
- Records showed some staff had not completed training on safeguarding, basic first aid, mental capacity act, dementia, moving and handling and fire safety. This was also identified as a concern during our last comprehensive inspection under the provider's previous registration.
- We discussed this with the registered manager and the provider who informed that training would be provided immediately. A training matrix was in place. The provider told us after the inspection, that staff had completed training but had not completed refresher training. This was not reflected in the training matrix. It is important to complete refresher training in a timely manner to ensure staff can perform their roles effectively at all times.
- The registered manager who started the role in May 2021 did not have a robust induction to ensure they were supported to effectively manage the home. We also found the registered manager did not have a formal supervision with the provider since starting to ensure they were fully supported in their role to manage the home effectively. The provider told us that supervisions had been carried out but this had not been recorded.
- We received mixed feedback about staff being supported. A staff member told us, "[Registered manager] is good manager. She is very supportive. We can approach her with anything." However, another staff member told us, "I don't think we are supported."
- We checked the supervision matrix to check if staff were supported and found supervision had not been completed regularly. This was also identified as a concern during our last comprehensive inspection under the provider's previous registration. The registered manager told us they have scheduled supervisions to be completed and sent us evidence of this.

We found no evidence that people had been harmed however, the above concerns meant that the home failed to ensure staff were trained in essential areas to perform their roles effectively. Supervisions had not been carried out regularly to ensure staff and the registered manager were supported at all times. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Despite these concerns, people and relatives told us that staff were suitably skilled to support people. A person told us, "Oh yes, they know how to look after me." A relative told us, "The staff are as good as gold here! Yes, they do a good job. I come three times a week and from what I see, they do. I think that because my loved one is happy enough and looked after well."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and professionals. However, for some people that had capacity we found consent had not been sought from them for the home to provide proposed care and support.
- The MCA and associated Deprivation of Liberty Safeguards (DoLS) were not being applied in the least restrictive way and correctly recorded.
- Records showed that there were two authorisations in place and applications had been made for some people.
- We saw that the doors to each unit were kept locked and we were informed some people did not go out by themselves without being supervised by staff. Therefore, we found some people were potentially being restricted of their liberty for their own safety and an application had not been made with DoLS to ensure they were being deprived of their liberty lawfully.

This meant that some people's liberty was potentially being deprived without following a lawful process. The above issues were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Staff requested people's consent before carrying out tasks. A staff member told us, "We always ask for consent before doing anything." A person commented, "They always consult me whenever they do anything."

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare services they required, such as a GP and hospitals. A GP also visited the home weekly to review people's health and we observed a district nurse visiting the home to help a person with their dressing. A relative told us, "Yes, I believe the GP came recently. [Person] had some blood tests, [person] is seeing the optician. GP came in and went through medications that [person] was on."
- Staff were knowledgeable about people's healthcare needs; they knew how to recognise when a person was unwell and even when the person had difficulty communicating this.
- Staff requested healthcare support when this was needed and followed the advice given. Records showed that one person had a skin complication, a referral was then made to a health professional and the person was treated.
- We found there was no detailed oral healthcare plan and staff had not been trained on oral healthcare. Out of the four care plans we looked at, there was no oral healthcare plan for three people and one person had an oral healthcare plan, which was limited in detail. Oral healthcare plans should include people's oral conditions and if people required support with oral healthcare and if referrals to a dentist was required.

We recommend the service follows best practice guidance on oral healthcare plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were not always robust to capture information and determine if people can be supported safely.
- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them. Care plans were also being reviewed by the management team to ensure changes to people's needs were identified and information was accurate.
- However, pre-admission and reviews would need to be made more robust to ensure risks associated with people's health conditions were captured. This would ensure people received safe and effective care at all times. The registered manager told us that pre-assessments would be made more robust.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered choices for their meals and liked the food. A person told us, "Yes, I get a choice. I am very fussy but they cater very well for me. They cater very well for other people. I like the food that is on offer." A relative told us, "[Person] is eating more now and has put on weight and eating properly. They must be keeping [person] well."
- We observed staff offered people choices and engaged with people during mealtimes. They were supporting people when needed and asking them if they enjoyed their meal. We saw one person was not eating their meal and a staff member came and sat with the person and supported them to have their meal. Another person did not like their meal and a staff member prepared another meal of the person's choice. A relative told us, "[Person] is very happy with the food, they are very accommodating with [person]. [Person] has (health condition), they give choice of what to eat and they go through with what [person] can eat."
- People were offered two meal choices and had choices if they did not prefer anything on the menu. A staff member told us, "People have choices, if they do not have what is available, we will offer alternatives." A relative commented, "Very good food here, there are choices."
- The chef kept a record of people's dietary requirements and we observed the kitchen area was kept clean and tidy.

Adapting service, design, decoration to meet people's needs

- The premises and environment met the needs of people who used the service and were accessible.
- There was two communal areas and a dining area. There was a garden that was maintained if people wanted to go outside.
- We observed people's rooms were decorated with their preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for the home under the new registration. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We did not observe people receiving care and support that may have impacted on their dignity. However, we observed that commodes in some people's rooms were left out in the open and were visible from outside their rooms, as their doors were left open. This could impact on their dignity. We fed this back to the provider, registered manager and deputy manager who told us they would ensure commodes were not visible from outside people's rooms.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. A relative told us, "They do respect [person's] privacy and dignity. I only go on what [person] says." A person commented, "Staff are very respectful when assisting with showers and when I go to the toilet."
- We saw people were independent with eating meals with staff nearby to support them if needed. People mobilised independently and went to their rooms and other parts of the home when they wanted to. Care plans included information on the level of support people may require and tasks they can carry out independently. A person told us, "I am free to do what I want, go in the garden. I have nothing holding me back. I have complete freedom." A relative commented, "Staff encourage and respect [persons] independence, the staff assist in a respectful way."

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were caring. A person told us, "[Staff] are very good and I don't know how they cope to be honest. Yes, definitely, because they are always so kind and they take a lot of stick and they remain calm." A relative told us, "The staff say they love [person] to bits, [person] seems to be happy, the staff seem to be jolly."
- We observed relationships between staff and people were friendly and positive. Staff spoke with people in a kind manner and their approach was positive. A relative told us, "Every staff member we have met has been very lovely. We have watched the interaction of staff and my relative, it has been very good." Another relative commented, "The staff have a very good relationship. I don't understand how anyone can do that job. They are very good, and they are genuinely nice people."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.
- People's religious beliefs, interests and preferences were included in their care plans. For one person, their information on their care plan included that they liked to recite verses from the bible before going to sleep. This was respected by staff. A person told us, "Staff treat people equally definitely. The staff are really

wonderful, I do admire them."

Supporting people to express their views and be involved in making decisions about their care

- People's families were encouraged to be involved in making decisions about their care and support where this was appropriate. A relative told us, "I get a lot of phone calls from the home, they include me (on decisions) all the time."
- Staff told us they would involve people in decisions when supporting them. A staff member told us, "We ask people on their decisions on dressing, washing. We always give choices." A relative told us, " Oh yes, [person] is given the choice, asked if [person] wants to get up. The cleaner will come in and ask if [person] wants room cleaned."



Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for the home under the new registration. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Activities were not regular to support people's interests that were socially and culturally relevant to them.
- We observed people took part in group activities during the morning and afternoon. However, when the group activities were finished, we observed people were sitting in their chairs with little stimulation.
- Some relatives told us that their family members had told them there was not much to do. A relative told us when asked if their family member got to do the things they want, "Not all the time, no. I think [person] would like to go out more, [person] is stuck indoors. It would be lovely to be able to go out in the garden." There were no records of personal activity plans or people's preferences with activities socially and culturally. Systems were not in place to ensure there were 1:1 activities with staff. The registered manager told us that an activities coordinator had been employed recently and people's preferences with activities and 1:1 activities would be explored.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans detailed people's support needs with personal care, nutrition and during the night. Care plans included information on how to support people and also included people's background information such as their upbringing.
- Staff completed daily logs about people's care during the day. However, we found the daily log sheet was very minimal and lacked details about the care people received throughout the day. The registered manager was aware of this and showed us a template that would be introduced to record care notes more comprehensively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. Information was available in easy read formats with the use of pictures. We observed that staff knew people well and communicated with them in a way that was respectful and met their communication needs. A relative told us, "They talk to [person] in a way [person] understands, they allow for [person's] slight confusion." A person said, "Yes, they communicate with me well, and I understand what they are saying."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Complaints had been investigated and actioned according to the provider's complaints policy. A relative told us, "I have given a bit of feedback. The home responded well and listened to me."
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- Where possible, end of life care had been discussed with people.
- These included people's preferences with end of life care and their preferred burial or funeral arrangements.
- Do Not Attempt Cardio Pulmonary Resuscitation forms were in place in people's care plans and was signed by relevant health professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for the home under the new registration. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not an effective quality assurance system in place to identify shortfalls and act on them to ensure people were safe.
- Audits had been carried out on medicine management, infection control systems and health and safety. Systems were not in place for audits to be carried out on care plans and risk assessments. This was required to ensure high quality care was being delivered at all times and there was a culture of continuous improvement.
- Systems were not in place to ensure staff were supported and trained to perform their roles effectively in essential areas. Further, the registered manager did not have a robust induction and supervision since starting to ensure they were supported to manage the home safely and effectively.
- We found widespread shortfalls in relation to a number of areas such as with risk assessments, training, and supervisions. These were concerns we also identified at our last comprehensive inspection under the provider's previous registration and the improvements that were made had not been sustained. The service was not working in line with the Mental Capacity Act (2005) and robust measures were not in place to minimise the risks of infections.
- This meant there was a risk people may not receive high quality care to ensure they were safe at all times.
- Records were not always kept up to date. Risk assessments had not been completed in full in order to ensure staff had the relevant information to provide high quality care at all times. We also found robust oral healthcare plans had not been kept to ensure people were supported with oral healthcare when required.

We found no evidence people had been harmed however, the above issues show the home failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times. The failure to maintain accurate, complete and contemporaneous records meant that people were at risk of receiving unsafe and inappropriate care. The issues related to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality monitoring systems were in place.
- Surveys had been completed to obtain feedback from people, relatives and staff members.
- Records showed the last residents meeting was carried out on June 2020. A relative told us, "They used to have regular meetings, but we haven't had one for a long time." The registered manager told us that they

would be arranging a residents meeting.

- People's cultural and religious beliefs were recorded and staff were aware of how to support people considering their equality characteristics.
- Staff meetings were held. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Staff were clear about their roles but we received mixed feedback about the management of the service. We fed this back to the provider and registered manager and they showed us evidence that this was being addressed through staff meetings and will be discussed during staff supervisions.
- People and relatives were positive about the service. A person told us, "It is homely, that is the way I would put it. It is comfortable and like a home." A relative told us, "I would say that it is very much like a family atmosphere, a friendly atmosphere. [Person] has warmed to that. Friendly, caring and fun."

Working in partnership with others:

- The service worked in partnership with professionals to ensure people were in good health.
- The provider told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. Records confirmed this. A relative told us, "Yes, [person] has the GP, a podiatrist. [Person] seems to be in quite good health."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Deprivation of Liberty applications had not been made for some people to ensure they were being deprived of their liberty lawfully.</p> <p>Regulation 11 (1)(2)(3).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not done all that was reasonably practicable to mitigate risks to service users to ensure they were safe at all times.</p> <p>The registered provider had not done all that was reasonably practicable in assessing the risk of, and preventing the spread of infections.</p> <p>Regulation 12(1)(2)(a)(b)(h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity.</p>

The registered provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user.

Regulation 17 (1)(2)(a)(b)(c).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider did not ensure staff were supported to undertake training, learning and development to enable them to fulfil the requirements of their role.

The registered provider did not ensure staff were receiving appropriate ongoing or periodic supervision in their role.

Regulation 18(1)(2).